



Fremont County Building Department Permit Application for Residential Re-Roofing

Place your cursor in the form fields to type your answers. (This feature may not be available in all versions of Adobe Reader.) You may also print out this form and write in your answers.

Expiration Date:		Permit No.:	
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PLEASE TYPE, OR PRINT CLEARLY

Owner		Applicant	
Address		Address	
City/State		City/State	
Zip		Phone	
Construction Address			
Legal Description			
(Please provide a copy of the Deed of Trust, a tax statement, or other document to prove legal description)			

1. How many layers of shingles are presently on this roof?			
2. Are any of the layers wood shingles? (yes or no)			
3. How many layers of shingles will be torn off?			
4. Will any of the roof decking be replaced? (yes or no)			
5. What is the proposed new roof covering to be applied:			
6. What is the estimated cost of material only ?	\$		
Permit Fee \$ _____	Use Tax: \$ _____	Other (_____): \$ _____	Total: \$ _____
Method of Payment: Cash: \$ _____ Check (# _____) \$ _____			Receipt # _____

Please acknowledge the following by initialing the box at the end of each statement:	
1. I have received a copy of the "Single Family Residential Re-Roof" Building Guide	
2. I understand a Pre-Roofing Inspection is required	
3. I understand that flashing, vents, drip edge, etc. may need to be replaced as required by code.	
4. I understand that a request for final inspection must be made within 10 working days of job completion and that I must provide a ladder or other means of access	

By signing this application form, I hereby certify that all answers contained herein are true and accurate to the best of my knowledge, and further agree to comply with all applicable statutes, rules, and regulations of this jurisdiction, and agree that any violations of said statutes, rules, and regulations may result in the revocation of this permit.

Signature:		Date:	
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Application Taken By:		Date:	
Approved By:		Date:	
Comments:			